· → 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

DOCU 1. Entity Nam GOSAVE					05-01-2	:007 903:	20 002 ****	50.00				
Principal Plac	e of Business	S	Mailing Address	-				000				
13415 SW 6 #5	2 ST		13415 SW 62 ST #5	13415 SW 62 ST #5				60046799				
MIAMI, FL 3			MIAMI, FL 33183									
520 E	Brickell	less - No P.O. Box #.		520 Brickell Rey Mive					I BELIK BILK BE		IC I i.i.i	
Suite, Apt. #, etc. # 0 - 305			# 6-30 5	# b-305			04162007	Chg-LLC	CR2	2E083 (12/06)		
City & State MIAM I FL			City & State H(CHI')		4. FEI Nur 65-10		_{ber} 81865		_	plied For t Applicable		
Zip 33/3/		Country U.SA	^{zip} 3313/	3313 Dc		<u>se</u>		e of Status Desire		\$5.00 Add Fee Require		
~ 	6. Name	and Address of Current	Registered Agent	Na Na				d Address of Ne		- 7 i		
VELASQU 13415 SW #5 MIAMI, FL	62 STREI	RO GOMEZ ET		Str.			Transglobal Corporate Administration Address (P.O. Bit Number is Not Acceptable) Brickell Key Drive # 0-305					
				City			MIAM I				3/3/	
The above the obligat	named entity	y submits this statement for ered agent.	or the purpose of changing its	registere	ed office o	r register	ed agent, or b	oth, in the State o	f Florida. Ta	am familiar with,	and accept	
SIGNATURE .		or printed name of registered agent	and title if applicable. (NOTE	(NOTE: Registered Agent signature required					04/16 DAT	6/07		
	iling Fee i ue by May								k payable to tment of State			
9.	MOD	MANAGING MEMBI		10.		1_0 4	10		NS/CHANG			
TITLE NAME	MGR DOMEZ VELASQUEZ, RAMIRO		☐ Delete	TITLE President			Secre	,,,,,	asurer Gueë	Change	Addition	
STREET ADDRESS CITY-ST-ZIP		62 STREET		STREE CITY-		520 MIA	Brichell 41 F4	Key Dr. 33131	1#0-	-		
TITLE			☐ Delete			Vice Preside		5 - 1 - 4	ero f	Change	Addition	
NAME STREET ADDRESS				NAM! STRE	ET ADDRESS	520	Brickell	Key Dr.	#o-	30 <u>5</u>		
CITY-ST-ZIP				CITY	ST-ZIP	MI	AMI F	CORIDA	33	131		
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NAME STREET ADDRESS		/ _		NAME STREE	ET ADDRESS							
CITY-ST-ZIP					ST-ZIP						1	
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver by trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE: Ramino Germet Velosquet Pres. 4/16/07 305 3743800												
	ON THE A	PKIN TED NAME C	rr algaling managing MEMBER, MAN	MAGER, OR	AUTHORIZE	F KEPRESEI	NIATIVE	Date f		Daytime Phone #	ļ	